

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Gila</u>		BUREAU OF VITAL STATISTICS	State Index No. <u>133</u>
District of _____		ORIGINAL CERTIFICATE OF BIRTH	Co. Registrar No. <u>155</u>
Town of <u>Miami</u>		Local Registrar No. _____	
or _____			
City of _____ No. _____ St. _____ Ward _____			
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>Senida Pacillas</u>		If child is not yet named, make supplemental report, as directed	
3. Sex of child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	5. No., in order of birth <u>8</u>
		6. Legitimate? <u>yes</u>	7. Date of birth <u>March 6-1923</u> (Month, day, year)
8. FATHER Full name <u>Abundio Pacillas</u>		14. MOTHER Full maiden name <u>Liberio Vermudez</u>	
9. Residence <u>Miami - Ariz.</u> (Usual place of abode) If nonresident, give place and State		15. Residence <u>Miami - Ariz.</u> (Usual place of abode) If nonresident, give place and State	
10. Color or race <u>Mex</u>	11. Age at last birthday <u>46</u> (Years)	16. Color or race <u>Mex</u>	17. Age at last birthday <u>38</u> (Years)
12. Birthplace (city or place) <u>Zacatecas</u> (State or country) <u>Mex</u>		18. Birthplace (city or place) <u>Zacatecas</u> (State or country) <u>Mex</u>	
13. Occupation <u>Miner</u> Nature of industry		19. Occupation <u>Housewife</u> Nature of industry	
20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.) <u>8-</u>		(a) Born alive and now living <u>8</u> (b) Born alive but now dead _____ (c) Stillborn _____	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>7:40 p.m.</u> on the date above stated. (Born alive or stillborn)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		Signature <u>C. M. Cron M.D.</u> (Physician or midwife)	
		Address <u>Miami - Ariz.</u>	
Given name added from a supplemental report _____ (Month, day, year)		Filed <u>Feb 31</u> , 19 <u>23</u> <u>C. E. Zinn</u> Local Registrar.	Filed <u>4-5</u> , 19 <u>23</u> <u>B. S. Fox</u> County Registrar.
Registrar. <u>272-306-352</u>			